

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.6-A
Page 22a
OMB No.:

State/Territory: NEW MEXICO

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: ____ Twice the SSI resource standard for an individual. ____ More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

TN No. 91-19
Supersedes

Approval Date JAN 15 1992

Effective Date OCT 1 1991

TN No. New Page

HCFA ID: 7985E

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APP'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	

State: New Mexico

Citation

Condition or Requirement

1902(u) of the Act

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

X This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

STATE <u>New Mexico</u>	A
DATE RECD <u>JUL 01 1993</u>	
DATE APP'D <u>JUL 20 1993</u>	
DATE EFF <u>MAY 01 1993</u>	
HCFA 179 <u>93-10</u>	

TN No. 93-10

Superseded 91-19

TN No. 91-19

Approval Date JUL 20 1993

Effective Date MAY 01 1993

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 24
OMB No.: 0938-

State: NEW MEXICO

Citation	Condition or Requirement
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare Beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p>___ Aged, blind, disabled. ___ AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p>___ Aged, blind, disabled. ___ AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..</p> <p><u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.</p>

TN No. 91-19
Supersedes
TN No. 89-02

Approval Date JAN 15 1992

Effective Date OCT 1 1991

HCFA ID: 7985E

87-17

page 21 Item 11(a)
page 22

STATE <u>NEW MEXICO</u>	A
DATE REC'D <u>DEC 17 1991</u>	
DATE APPV'D <u>JAN 15 1992</u>	
DATE EFF <u>OCT 01 1991</u>	
HCFA 179 <u>91-19</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEW MEXICO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<u>X</u> (3) For a presumptive eligibility period for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	<u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for-- <u>X</u> 12 months 6 months months (no less than 6 months and no more than 12 months)

STATE <u>New Mexico</u>	A
DATE REC'D <u>APR 03 1992</u>	
DATE APP'D <u>APR 29 1992</u>	
DATE EFF <u>JAN 01 1992</u>	
HCFA 179 <u>92-04</u>	

TN No. 92-04
Supersedes 91-19
Approval Date APR 29 1992 Effective Date JAN 01 1992

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>.</p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p><input type="checkbox"/> The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p><input checked="" type="checkbox"/> The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A</u>.</p>

STATE <u>New Mexico</u>		A
DATE REC'D	<u>APR 03 1995</u>	
DATE APP'D	<u>APR 18 1995</u>	
DATE EFF	<u>MAR 01 1995</u>	
HCFA 179	<u>9506</u>	

TN No. 95-06
Supersedes 91-19
TN No. 91-19

Approval Date APR 18 1995 Effective Date MAR 01 1995

REVISION: HCFA Region VI
September 1989

Attachment 2.6-A
Page 27

STATE: NEW MEXICO

CITATION	CONDITION OR REQUIREMENT
Section 1924 (a) of the Act as amended by Sec. 303 of P.L. 100-360	13. Protection of Income and Resources of a Couple for Maintenance of Community spouse. The agency complies with the spousal impoverishment provisions as set forth in Section 1924 (a) of the Act. The agency applies the spousal impoverishment policies to persons receiving services under a Section 1915(c) home and community based waiver. Applies to all 1915(c) home and community based waivers. Applies only to the following 1915(c) waivers:

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>12-17-91</i>	
DATE APP'VD	<i>1-15-92</i>	
DATE EFF	<i>12-1-91</i>	
HCFA 179	<i>91-19</i>	